

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Theracare Psychology and Wellness, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 83-4559496

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

265 S. Randolph Ave. #120
Brea, CA 92821

Number, Street, City, State & ZIP Code

Orange

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://theracarewellness.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8049

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

Theracare Psychology and Wellness, Inc.

Case number (if known)

Name

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Theracare Psychology and Wellness, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2024
MM / DD / YYYY

☒ **/s/ Joseph Mauch**

Signature of authorized representative of debtor

Joseph Mauch

Printed name

Title Secretary

18. Signature of attorney

☒ **/s/ Andy C. Warshaw**

Signature of attorney for debtor

Date April 5, 2024

MM / DD / YYYY

Andy C. Warshaw

Printed name

Financial Relief Law Center, APC

Firm name

1200 Main St. Ste C

Irvine, CA 92614

Number, Street, City, State & ZIP Code

Contact phone 714-442-3319

Email address awarshaw@bwlawcenter.com

263880 CA

Bar number and State

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2024

X /s/ Joseph Mauch

Signature of individual signing on behalf of debtor

Joseph Mauch

Printed name

Secretary

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Bankers Healthcare Group, LLC 10234 W. State Road 84 Fort Lauderdale, FL 33324		MCA Lender	Disputed	\$75,000.00	\$0.00	\$75,000.00
Black Olive Capital (Kalamata) 7315 Wisconson Ave. STE 550E Bethesda, MD 20814		MCA Lender	Disputed	\$75,000.00	\$0.00	\$75,000.00
Byzfunder 530 7th Ave., Suite 505 New York, NY 10018		MCA Lender	Disputed	\$72,500.00	\$0.00	\$72,500.00
Intuit Financing Inc. PO Box 842978 Dallas, TX 75284-2978			Disputed			\$62,283.00
Bluevine Attn: Customer Support 401 Warren Street Redwood City, CA 94063		Unsecured loan	Disputed			\$50,000.00
Reliant Funding 9540 Town Centre Drive, Suite 200 San Diego, CA 92121		MCA Lender	Disputed			\$50,000.00
Joseph Mauch 265 S. Randolph Ave., #210 Brea, CA 92821		Officer loan				\$48,000.00
Qure4U 1401 Manate Ave. W. Bradenton, FL 34205		Subscription	Disputed			\$15,940.00

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dustin Arnold 265 S. Randolph Ave., #120 Brea, CA 92821		Officer loan				\$11,000.00
Bankers Healthcare Group, LLC 10234 W. State Road 84 Fort Lauderdale, FL 33324		Credit card	Disputed			\$5,000.00
JP Morgan Chase Bank 1111 Polaris Parkway Columbus, OH 43240			Disputed			\$4,500.00
Capital One PO Box 30281 Salt Lake City, UT 84130-0281			Disputed			\$4,000.00
Bluevine Attn: Customer Support 401 Warren Street Redwood City, CA 94063		Credit	Disputed			\$1,883.00

**United States Bankruptcy Court
Central District of California**

In re Theracare Psychology and Wellness, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Dustin Arnold	-	5000	-
Joseph Mauch	-	5000	-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Secretary** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 5, 2024

Signature /s/ Joseph Mauch
Joseph Mauch

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Brea, CA, California.

Date: April 5, 2024

/s/ Joseph Mauch

Joseph Mauch

Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **16,703.19**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **16,703.19**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **222,500.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **252,606.00**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **475,106.00**

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. <u>Chase</u>	<u>Savings</u>	<u>1509</u>	<u>\$0.00</u>
-------------------	----------------	-------------	---------------

3.2. <u>Chase</u>	<u>Savings</u>	<u>1517</u>	<u>\$0.00</u>
-------------------	----------------	-------------	---------------

3.3. <u>Chase</u>	<u>Checking</u>	<u>0713</u>	<u>\$4,000.00</u>
-------------------	-----------------	-------------	-------------------

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,000.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (If known)

7.1. **Security deposits**

\$6,653.19

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$6,653.19

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture, refrigerator	\$0.00		\$5,000.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (If known)

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$5,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Accupuncture supplies and general equipment

\$10,000.00

\$50.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$50.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

Debtor Theracare Psychology and Wellness, Inc. Case number (If known) _____
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>https://theracarewellness.com/</u>	<u>\$0.00</u>		<u>\$0.00</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill Goodwill	<u>\$0.00</u>		<u>Unknown</u>

66. **Total of Part 10.** \$0.00
Add lines 60 through 65. Copy the total to line 89.
67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)
☒ No
☐ Yes
68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☒ No
☐ Yes
69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
☐ No. Go to Part 12.
☒ Yes Fill in the information below.

				Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)			
	<u>AR</u>	<u>1,000.00</u> Total face amount	- <u>0.00</u> doubtful or uncollectible amount	= <u>\$1,000.00</u>

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to**

Debtor Theracare Psychology and Wellness, Inc. Case number (If known) _____
Name

set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets,
country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$1,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Theracare Psychology and Wellness, Inc.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$6,653.19	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$5,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$50.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$1,000.00	
91. Total. Add lines 80 through 90 for each column	\$16,703.19	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$16,703.19

Fill in this information to identify the case:

Debtor name **Theracare Psychology and Wellness, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bankers Healthcare Group, LLC <small>Creditor's Name</small> 10234 W. State Road 84 Fort Lauderdale, FL 33324 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 02/10/2022 lien recording Last 4 digits of account number 3122 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien MCA Lender Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$75,000.00	\$0.00

2.2	Black Olive Capital (Kalamata) <small>Creditor's Name</small> 7315 Wisconson Ave. STE 550E Bethesda, MD 20814 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred November 6, 2023 Last 4 digits of account number 3133	Describe debtor's property that is subject to a lien MCA Lender Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$75,000.00	\$0.00
-----	--	--	--------------------	---------------

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3 Byzfunder

Creditor's Name

**530 7th Ave., Suite 505
New York, NY 10018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

08/15/2023

Last 4 digits of account number

8523

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA Lender

\$72,500.00

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$222,500.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**Black Olive Capital
c/o Berkovitch & Bouskila PLLC
1545 U.S. 202, Suite 101
Pomona, NY 10970**

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Line **2.2**

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Bankers Healthcare Group, LLC 10234 W. State Road 84 Fort Lauderdale, FL 33324 Date(s) debt was incurred <u>18 months</u> Last 4 digits of account number <u>-</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,000.00
3.2	Nonpriority creditor's name and mailing address Bluevine Attn: Customer Support 401 Warren Street Redwood City, CA 94063 Date(s) debt was incurred <u>December 29, 2022</u> Last 4 digits of account number <u>-</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$50,000.00
3.3	Nonpriority creditor's name and mailing address Bluevine Attn: Customer Support 401 Warren Street Redwood City, CA 94063 Date(s) debt was incurred <u>-</u> Last 4 digits of account number <u>-</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,883.00
3.4	Nonpriority creditor's name and mailing address Capital One PO Box 30281 Salt Lake City, UT 84130-0281 Date(s) debt was incurred <u>-</u> Last 4 digits of account number <u>-</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>-</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,000.00

Debtor	Theracare Psychology and Wellness, Inc. Name	Case number (if known) _____
--------	--	------------------------------

3.5	Nonpriority creditor's name and mailing address Dustin Arnold 265 S. Randolph Ave., #120 Brea, CA 92821 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Officer loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,000.00</u>
-----	--	--	---------------------------

3.6	Nonpriority creditor's name and mailing address Intuit Financing Inc. PO Box 842978 Dallas, TX 75284-2978 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$62,283.00</u>
-----	--	---	---------------------------

3.7	Nonpriority creditor's name and mailing address Joseph Mauch 265 S. Randolph Ave., #210 Brea, CA 92821 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Officer loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$48,000.00</u>
-----	---	--	---------------------------

3.8	Nonpriority creditor's name and mailing address JP Morgan Chase Bank 1111 Polaris Parkway Columbus, OH 43240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,500.00</u>
-----	---	---	--------------------------

3.9	Nonpriority creditor's name and mailing address Qure4U 1401 Manate Ave. W. Bradenton, FL 34205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Subscription</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,940.00</u>
-----	---	---	---------------------------

3.10	Nonpriority creditor's name and mailing address Reliant Funding 9540 Town Centre Drive, Suite 200 San Diego, CA 92121 Date(s) debt was incurred <u>December 22, 2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>MCA Lender</u> <u>Illegal loan under California usury law.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
------	---	--	---------------------------

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known) _____

Name

Name and mailing address

On which line in Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

4.1 **Lauletta Birnbaum**
Attn: Felix S. Wurmbach, Esq.
591 Mantua Blvd., Suite 200
Sewell, NJ 08080

Line 3.9

—

☐ Not listed. Explain _____

4.2 **Quickbooks**
4315 Pickett Road
Saint Joseph, MO 64503

Line 3.6

—

☐ Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 0.00

5b. + \$ 252,606.00

5c. \$ 252,606.00

Fill in this information to identify the case:

Debtor name **Theracare Psychology and Wellness, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Collections on accounts receivable

State the term remaining

Indefinite

List the contract number of any government contract

-

**Athena Health
80 Guest Street
Brighton, MA 02135**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**1594 rentable square feet for space located at 265 S. Randolph Ave., Suite 130, Brea, CA 92821.
The Debtor is not listed as the tenant here and this is listed for disclosure purposes only. The tenants on the contract are the principals of the Debtor, Joseph Mauch and Dustin Arnold.**

State the term remaining

March 1, 2020 - February 28, 2025

List the contract number of any government contract

**Brea Mall Executive Plaza, LLC
259 S. Randolph Ave, Suite 140
Brea, CA 92821**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**101 E. Redlands Blvd., Redlands, CA 92373
1829 square feet of rentable space
November 2021 - October 31, 2024**

State the term remaining

-

List the contract number of any government contract

**Centennial Plaza, LLC
100 N. Barranca Street, Suite 200
West Covina, CA 91791**

Debtor 1 **Theracare Psychology and Wellness, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest **Software as a service**

State the term remaining

Annual licensing fees

List the contract number of any government contract

-

Emerge Clinical Solutions, LLC
3131 McKinney Avenue, Suite 700
Dallas, TX 75204

2.5. State what the contract or lease is for and the nature of the debtor's interest **Software provider**

State the term remaining

Indefinite

List the contract number of any government contract

-

Qure4U
1401 Manate Ave. W.
Bradenton, FL 34205

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Dustin Michael Arnold**

**265 S. Randolph Ave., #120
Brea, CA 92821**

**Black Olive Capital
(Kalamata)**

☒ D 2.2
☐ E/F _____
☐ G _____

2.2 **Joseph Carl Mauch**

**265 S. Randolph Ave. #120
Brea, CA 92821**

**Black Olive Capital
(Kalamata)**

☒ D 2.2
☐ E/F _____
☐ G _____

2.3 **Joseph Carl Mauch**

**265 S. Randolph Ave. #120
Brea, CA 92821**

**Bankers Healthcare
Group, LLC**

☒ D 2.1
☐ E/F _____
☐ G _____

2.4 **Dustin Arnold**

**252 Pointe Dr.
Brea, CA 92821**

**Centennial Plaza,
LLC**

☐ D _____
☐ E/F _____
☒ G 2.3

2.5 **Joseph Mauch**

**252 Pointe Dr.
Brea, CA 92821**

**Centennial Plaza,
LLC**

☐ D _____
☐ E/F _____
☒ G 2.3

Debtor

Theracare Psychology and Wellness, Inc.

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor

Column 2: Creditor

Fill in this information to identify the case:

Debtor name Theracare Psychology and Wellness, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2024 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business

☒ Other This is an estimated figure through April 5, 2024

Gross revenue
(before deductions and exclusions)

\$145,000.00

For prior year:

From 1/01/2023 to 12/31/2023

☐ Operating a business

☒ Other Gross receipts or sales

\$1,296,897.00

For year before that:

From 1/01/2022 to 12/31/2022

☐ Operating a business

☒ Other Gross receipts or sales

\$1,358,891.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Black Olive Capital c/o Steven Berkovitch, Esq. 1545 U.S. 202, Suite 101 Pomona, NY 10970	Interceptance of Stripe Account Funds from December 6, 2023 - forward	December 6, 2023 - forward	\$7,053.16

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Black Olive Capital LLC vs. Theracare Psychology & Wellness, Dustin Michael Arnold and Joseph Carl Mauch 036287/2023	MCA lender	Supreme Court of the State of New York County of Rockland 1 South Main Street New City, NY 10956	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Bankers Healthcare Group LLC 002505/2024	Financing agreement of \$68,000.	Onondaga County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Financial Relief Law Center, APC 1200 Main St. Suite C Irvine, CA 92614	Joseph C. Mauch as a principal of the Debtor paid the initial \$5,000. The balance of \$30,496 was paid by the Debtor. The total payment includes the Court filing fee.	December 3, 2023: \$5,000 March 13, 2024: \$30,496	\$35,496.00
Email or website address bwlawcenter.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

Who received transfer?
Address

Description of property transferred or
payments received or debts paid in exchange

Date transfer
was made

Total amount or
value

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

15.1. **Theracare Psychology
Wellness**
265 S. Randolph Ave. #120
Brea, CA 92821

Psychology office

Location where patient records are maintained (if different from
facility address). If electronic, identify any service provider.
**On site at 265 S. Randolph Ave. Ste. 120, Brea, CA
92821 and 101 E. Redlands Blvd Suite 285, Redlands,
CA 92373**

How are records kept?

Check all that apply:

☒ Electronically

☒ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Patient files maintained in compliance with HIPAA regulations.

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	---	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Steven P Olvey Harrison Tax Service Inc. 711 Kimberly Ave., #275 Placentia, CA 92870	2020 - 2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Debtor **Theracare Psychology and Wellness, Inc.**

Case number (if known)

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Joseph Mauch	265 S. Randolph Ave., Suite 120 Brea, CA 92821	Secretary	50%
Dustin Arnold	265 S. Randolph Ave., Suite 120 Brea, CA 92821	President	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Debtor Theracare Psychology and Wellness, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING — Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2024

/s/ Joseph Mauch

Signature of individual signing on behalf of the debtor

Joseph Mauch

Printed name

Position or relationship to debtor Secretary

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Central District of California

In re **Theracare Psychology and Wellness, Inc.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>35,000.00</u>
Prior to the filing of this statement I have received	\$	<u>35,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **See the forthcoming application to employ Debtor's bankruptcy counsel. This is an hourly engagement, not a flat fee. Services are rendered under Section 330 and are subject to a Court order for post-petition fees.**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 5, 2024

Date

/s/ Andy C. Warshaw

Andy C. Warshaw

Signature of Attorney

Financial Relief Law Center, APC

1200 Main St. Ste C

Irvine, CA 92614

714-442-3319 Fax: 714-361-5380

awarshaw@bwlawcenter.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Andy C. Warshaw 1200 Main St. Ste C Irvine, CA 92614 714-442-3319 Fax: 714-361-5380 California State Bar Number: 263880 CA awarshaw@bwlawcenter.com		FOR COURT USE ONLY	
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA			
In re: are Psychology and Wellness, Inc. Debtor(s).		CASE NO.: CHAPTER: 11	
		VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 4 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: April 5, 2024

/s/ Joseph Mauch
Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable)

Date: April 5, 2024

/s/ Andy C. Warshaw
Signature of Attorney for Debtor (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

December 2015

F 1007-1.MAILING.LIST.VERIFICATION

Theracare Psychology and Wellness, Inc.
265 S. Randolph Ave. #120
Brea, CA 92821

Andy C. Warshaw
Financial Relief Law Center, APC
1200 Main St. Ste C
Irvine, CA 92614

Athena Health
80 Guest Street
Brighton, MA 02135

Bankers Healthcare Group, LLC
10234 W. State Road 84
Fort Lauderdale, FL 33324

Black Olive Capital
c/o Berkovitch & Bouskila PLLC
1545 U.S. 202, Suite 101
Pomona, NY 10970

Black Olive Capital (Kalamata)
7315 Wisconson Ave. STE 550E
Bethesda, MD 20814

Bluevine
Attn: Customer Support
401 Warren Street
Redwood City, CA 94063

Brea Mall Executive Plaza, LLC
259 S. Randolph Ave, Suite 140
Brea, CA 92821

Byzfunder
530 7th Ave., Suite 505
New York, NY 10018

Capital One
PO Box 30281
Salt Lake City, UT 84130-0281

Centennial Plaza, LLC
100 N. Barranca Street, Suite 200
West Covina, CA 91791

Dustin Arnold
265 S. Randolph Ave., #120
Brea, CA 92821

Dustin Arnold
252 Pointe Dr.
Brea, CA 92821

Dustin Michael Arnold
265 S. Randolph Ave., #120
Brea, CA 92821

Emerge Clinical Solutions, LLC
3131 McKinney Avenue, Suite 700
Dallas, TX 75204

Intuit Financing Inc.
PO Box 842978
Dallas, TX 75284-2978

Joseph Carl Mauch
265 S. Randolph Ave. #120
Brea, CA 92821

Joseph Carl Mauch
265 S. Randlph Ave. #120
Brea, CA 92821

Joseph Mauch
265 S. Randlph Ave., #210
Brea, CA 92821

Joseph Mauch
252 Pointe Dr.
Brea, CA 92821

JP Morgan Chase Bank
1111 Polaris Parkway
Columbus, OH 43240

Lauletta Birnbaum
Attn: Felix S. Wurmbach, Esq.
591 Mantua Blvd., Suite 200
Sewell, NJ 08080

Quickbooks
4315 Pickett Road
Saint Joseph, MO 64503

Qure4U
1401 Manate Ave. W.
Bradenton, FL 34205

Reliant Funding
9540 Town Centre Drive, Suite 200
San Diego, CA 92121

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address Andy C. Warshaw 1200 Main St. Ste C Irvine, CA 92614 714-442-3319 Fax: 714-361-5380 California State Bar Number: 263880 CA awarshaw@bwlawcenter.com	FOR COURT USE ONLY
<input checked="" type="checkbox"/> Attorney for:	
<p style="text-align: center;">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>	
In re: Theracare Psychology and Wellness, Inc. <div style="text-align: right;">Debtor(s),</div> <div style="text-align: right;">Plaintiff(s),</div> <div style="text-align: right;">Defendant(s).</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> CASE NO.: ADVERSARY NO.: CHAPTER: 11 </div> <div style="text-align: center; padding: 10px;"> CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4 </div> <div style="text-align: center; padding-top: 10px;"> [No hearing] </div>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, **Joseph Mauch**, the undersigned in the above-captioned case, hereby declare
 (Print Name of Attorney or Declarant)
 under penalty of perjury under the laws of the United States of America that the following is true and correct:

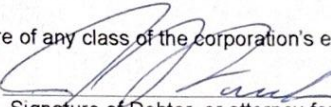
[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:
- ☒ I am the president or other officer or an authorized agent of the Debtor corporation
 - ☐ I am a party to an adversary proceeding
 - ☐ I am a party to a contested matter
 - ☐ I am the attorney for the Debtor corporation
2. a. ☐ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
[For additional names, attach an addendum to this form.]
- b. ☐ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

April 5, 2024

Date

By:


Signature of Debtor, or attorney for Debtor

Name:

Joseph Mauch

Secretary of the Debtor